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CONTENTS.

ORIGINAL COMMUNICATIONS:

AMPUTATION OF THE THIGH FOR DISEASES OF THE KNEE-JOINT. BY G. W. BAYLESS, M. D., PROFESSOR OF THE PRINCIPLES AND PRACTICE OF SURGERY IN THE UNIVERSITY OF LOUISVILLE.....	193
NOTES ON MEDICINE IN CHINA. BY W. A. P. MARTIN, D. D., LL. D., PRO- FESSOR OF INTERNATIONAL LAW IN THE UNIVERSITY OF PEKIN.....	202
DO ODORS CAUSE DISEASE? BY A. P. MERRILL, M. D.....	208
TREATMENT OF CEPHALÆMATOMA BY EARLY PUNCTURE. BY S. V. FIROR, M. D.	214
ON THE BISULPHIDE OF CARBON. BY RICHARD O. COWLING, M. D., DEMON- STRATOR OF ANATOMY IN THE UNIVERSITY OF LOUISVILLE.....	219
RESECTION OF THE ELBOW-JOINT. BY W. T. M'REYNOLDS, M. D.....	222
REVIEWS	227
CLINIC OF THE MONTH.....	237
NOTES AND QUERIES.....	249
BIBLIOGRAPHY	256

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[FORMERLY "WESTERN JOURNAL OF MEDICINE."]

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THE AMERICAN PRACTITIONER.

[FORMERLY "WESTERN JOURNAL OF MEDICINE."]

Certainly it is excellent discipline for an author to feel that he must say all he has to say in the fewest possible words, or his reader is sure to skip them; and in the plainest possible words, or his reader will certainly misunderstand them. Generally, also, a downright fact may be told in a plain way; and we want downright facts at present more than anything else.—RUSKIN.

Vol. I.

LOUISVILLE, APRIL, 1870.

No. 4.

AMPUTATION OF THE THIGH FOR DISEASES OF THE KNEE-JOINT.

BY G. W. BAYLESS, M. D.,

Professor of the Principles and Practice of Surgery in the University of Louisville.

The following cases are intended in part as a contribution to the statistics of amputation of the thigh for disease of the knee, and in part as illustrating destructive inflammation of that important joint, occurring as the result of different causes operating on healthy constitutions. They also present some points of particular interest otherwise.

CASE I. Acute synovitis, suppuration, and caries following measles and undue exercise of the joint; amputation at the middle third of the thigh; recovery.

P. S., aged sixteen, of healthy parents and good constitution, in June, 1865, had measles, which ran the ordinary course. When well he started for a walk of six miles. At the end of three miles he was seized suddenly in the left knee with a pain, which so increased in severity that it was

with extreme difficulty he completed his journey. The pain continued for three days and then subsided. The patient went about apparently well, with scarcely any inconvenience in his knee; but at the expiration of five days, without obvious cause, the pain returned with augmented violence, and continued for a month, when the knee became considerably swollen.

The swelling and pain continued in variable degrees for two years, when a hard lump made its appearance on the outer side of the ligament of the patella. About this time he slipped, fell, and hurt his knee severely. His physician was of opinion that the femur was broken just above the knee, and put him to bed for two months. The knee continued swollen; and about the time it was supposed the fracture was united the lump above mentioned became red and painful, and had a feeling as of some sharp pricking body within. Suppuration became manifest, and the point was lanced, when half a pint of lumpy pus and clots of blood was discharged. This occurred about two years and a half after the first indication of trouble in the knee. The suppuration continued profuse, and never ceased. He entered the City Hospital in February, 1868. His general health had suffered, but he was able to get about on crutches. Six weeks after entering the hospital, however, his general health gave way utterly; he took to his bed, and never left it until after the operation. The discharge continued so profuse, his health was so bad, he became so exhausted, that for seven months the surgeons in charge declined amputation, under the belief that the boy could not stand the operation.

October, 1868, I found him a miserably emaciated creature, bedridden, with profuse discharge from the knee by several points, and the structures of the joint so disorganized that the bones could be moved freely upon one another in all directions. The case had been considered as one of scrofulous disease of the joint, and he had been given up to die.

Finding that none of his family had ever suffered from tubercular disease, that he himself had never been subject to cough, and that not a single lymphatic gland in any part of his body was enlarged, I concluded that the affection originated in acute synovitis following measles, and developed into activity by the long walk he took, and followed by destruction of the articular cartilages and caries of the bones. The sequel of the case will show that this opinion was correct. I will here remark that I have seen many young persons consigned to incurable lameness, or even untimely graves, under the sentence of "white swelling," "scrofulous disease," etc., when the disease had originated in a good constitution from cold or mechanical injury, and had at one time been entirely curable.

I put the patient on stimulants, tonics, and nutrients, and gave attention especially to the cleanliness of the affected joint. His system responded well; so that on the 6th of November I amputated at the middle third of the thigh by antero-posterior flaps. But little blood was lost, and the patient rallied well. The flaps united mostly by adhesion, some inconsiderable portions only remaining to close by granulation, which was effected nearly as soon as the ligature of the main artery came away, and without any considerable drain. The stimulants and tonics were kept up, and by the time the stump was fairly healed the boy had gained in flesh. Nothing untoward occurred, and in two months and a half he had increased thirty or forty pounds in weight. His general health has been uninterruptedly good since.

CASE II. *Suppuration of the knee and destructive caries from mechanical injury; amputation at the middle third of the thigh; recovery.*

John M'C—, of healthy parents and good constitution, when nine years old, was struck on the left patella with a stone. Swelling of the joint and severe pain followed. He was lame for several weeks, but got apparently well.

Three years after, he was thrown from a horse, and the same knee pretty severely hurt. The same phenomena followed as after the first injury, and recovery; but he was twice or three times as long in recovering as before.

Four years later, when he seemed to be quite recovered from the injuries above mentioned, he slipped and fell, with the effect of severely wrenching the unfortunate knee. Quickly symptoms of acute inflammation of the joint showed themselves, attended by considerable swelling and severe pain, and total inability to walk. He was compelled to keep his bed for several weeks, and when the acute symptoms subsided he was left with a joint so stiffened and bent that he could walk only with crutches.

This state of things continued for a year or more, when an effort was made by a surgeon to relieve the ankylosis by forcibly breaking up the adhesions under chloroform, and thus loosening the joint. This was done in the fall of 1868. Unfortunately violent inflammation followed this proceeding, and resulted in suppuration of the joint. A large quantity of pus was discharged, but whether by natural pointing or by the bistoury I do not know.

Here was a succession of mechanical injuries: a severe blow on the knee with a stone at nine years of age; a fall from a horse at twelve, with injury of the same knee; slipping and falling at sixteen, and severely wrenching the same knee; and finally an effort to relieve the ankylosis by breaking the adhesions which had resulted from the previous injuries. It was a case of acute inflammation of the joint supervening on a chronic condition of the same sort, three times provoked—on the last occasion resulting in destructive suppuration and caries.

For the next following nine months the patient kept his bed most of the time; the joint continued to discharge, and his general health suffered; so that in May, 1869, when he came into my hands, I found him confined to his bed,

emaciated, weak, without appetite, and with a joint having several fistulous openings through which carious bones could be readily felt. But the joint was not so disorganized as to allow of the bones being rubbed loosely against one another. I put him on bitter and iron tonics, and good nourishment; and, his condition being favorable, I operated at the middle third of the thigh on the 3d of June, 1869, and found extensive caries of all the osseous structures of the joint.

There was a feeling of induration and unsoundness above the knee, which induced me to choose the middle third of the thigh for operation, thinking I should get entirely above any diseased structures. In this I was disappointed, however; for, making the antero-posterior flap operation, when I came to examine the parts for bleeding vessels, I found a sinus in the anterior flap, parallel with the bone, large enough and deep enough to receive two of my fingers their whole length. Thinking it out of the question to amputate again high enough up to get rid of this diseased part, I simply did the best I could with things as they were. I cleaned out all the aplastic matter from the sinus, tore off as much of the pyogenic membrane as I could reach, and mopped the surface freely with a strong solution of carbolic acid. All this was done with the hope of inducing vigorous granulation to fill the cavity. The end of the sinus was also left open for drainage in bringing the flaps together.

Matters went on pretty well until the night of the seventh day, when a sudden and profuse hemorrhage occurred, which well-nigh destroyed the patient. The bleeding was checked by Dr. Peter, of the immediate neighborhood, and a tourniquet was left on the limb.

In three days the hemorrhage started again profusely; but, the tourniquet being on, it was tightened and the bleeding quickly checked. The healing of the wound, which was by adhesion in the greater portion of its extent, was not much interfered with by the bleeding; and he rallied pretty fast, so

that in two weeks he was on his crutches. While in the privy straining at stool the blood started boldly again; but he managed to get to bed and have compression applied before a great deal was lost. The ligature of the main artery had come away some days before this last bleeding, and without hemorrhage.

The bleeding was general, no particular vessel seeming to furnish the supply. None of the usual means for arresting the hemorrhage appeared to me adapted to the case. I thought of pressure applied to the limb in such way that the force of the circulation should be so modified that the weak vessel could sustain the impulse, and yet admit sufficient blood by the main trunk and collateral vessels to maintain the life of the stump. To effect this a field tourniquet was applied to the femoral, three inches below Poupart's ligament; and the stump, lightly bandaged, was elevated on a pillow. An intelligent nurse remained with the patient night and day, with instructions to check bleeding, should it occur, by tightening the tourniquet; and to notice frequently the temperature of the stump lest its life should be extinguished by allowing it too little blood. The appetite being good a generous diet was ordered. The hemorrhage did not recur. The patient was kept quiet for three weeks; he gained flesh during the time, and recovered without other delay than that occupied in healing the sinus already mentioned.

Mr. Paget has detailed in the London *Lancet* a case of recurring hemorrhages following the ligature of the external iliac, in which he lessened the diet of the patient for the purpose of reducing the force of the circulation; and he quotes a case from Mr. Loyd, who adopted the same measure for the same reason. Mr. Paget remarks: "Very small diet is enough for healing; and when there has been considerable hemorrhage from a possibly ulcerating artery, the object to be had in view is to reduce the force of the circulation, so that, while leaving sufficient for all healing purposes, it will

not be over-much for an artery that can bear but little pressure of arterial blood. . . . I adopted that measure here, hoping that by reducing the force of the circulation, while still leaving abundant force for the purposes of healing, the hemorrhage would not return." In both cases the patients did well.

This is certainly a proceeding founded on sound pathological views, and the best doubtless that could be employed in the cases mentioned, where the arteries were beyond the reach of pressure. But surely where the point is, as stated by Mr. Paget, to reduce the force of the circulation for arrest of secondary hemorrhage, it is better to accomplish the object by mechanical pressure where the vessel is in a limb admitting of its application, and at the same time replenishing the blood; for if the bleeding proceed from an ulcerating artery the chances of healing and the arrest of hemorrhage are lessened by reducing the diet.

CASE III. *Chronic rheumatic arthritis followed by suppurative synovitis from mechanical injury; amputation at the middle third of the thigh; recovery.*

Mrs. S. was a stout German woman, fifty years of age, and accustomed to active labor. In 1867 she had frequent pains about the shoulders, hips, and knees, but perhaps severer in the left knee than elsewhere; and in April of that year she discovered a hard lump, the size of a filbert, deeply seated in the bend of this knee. It gave no pain—a little tenderness only on pressure—and nothing was thought of it. For a year or more no very manifest change occurred. The knee occasionally became painful, with trifling swelling, symptoms which were generally worse in damp weather. In June, 1868, without any obvious cause, the knee became so swollen and painful that she was compelled to take to bed, where she remained for two or three months; and when she did get up she found the limb was bent at the knee, and stiff; probably the result rather of spasm of the flexor muscles than of

degeneration and atrophy, for the posture had hardly been maintained long enough for such structural changes. The immobility of the knee and bent position of the limb, however, necessitated the use of crutches.

In December, 1868, she fell and hurt her knee severely. The injury was followed by considerable inflammation and excessive pain. Rest and local applications and time abated these symptoms; and occasionally she left her bed and hobbled about on her crutches. Her condition for several months was variable, particularly according to the weather, being always worse in damp, cool weather. Several times she fell, and always injured the affected knee more or less. Her general health was seriously impaired by the long confinement and constant pain.

In September, 1869, the knee again took on acute inflammation; it became very red, much swollen, and soon gave evidence of fluctuation. The constitutional disturbance was considerable. Dr. Kern, the attending physician, made a free incision into the parts, which was followed by the escape of more than a pint of pus. The discharge continued for some time; the patient's flesh and strength rapidly failed, but tonics, stimulants, and a generous regimen gradually checked the drain, and the patient rallied.

In October, when I first saw her, the knee was permanently bent, the structures about it were greatly thickened, a fistulous opening communicated with the joint. There was extensive caries of both femur and tibia. Considering the immovable condition of the knee, bent at right angles, the extensive caries, continued discharge, the damaged health, and the age of the patient, I could see nothing ahead but continued drain, exhaustion, and death, and therefore advised amputation, regarding excision as out of the question. This opinion was concurred in by Dr. Kern and Prof. D. W. Yandell, and on the 9th of November, 1869, I amputated by antero-posterior flaps at the middle third of the thigh. The wound healed

kindly almost throughout its entire extent by adhesion, and everything seemed propitious, except pretty severe pain in the stump, which began about a week after the operation. The pain came on badly in spells, and extended up in the exact line of the bone. On the eleventh day after the operation a pretty smart discharge of pus took place from near the center of the stump, by a small opening where the anterior flap was a little folded and failed to unite. The discharge had a rather bad smell, and I began to feel uneasy lest we should have osteomyelitis.

On the twenty-fourth day after the operation the ligature of the main artery came away, and the wound was healed, except at the point already named, where the pus was discharging in small quantity; but the general condition of the patient was anything but satisfactory; her pulse was quickened, face flushed, and she had cough, and considerable oppression about the chest. I introduced a small syringe into the opening mentioned, and washed out with tepid water, and then threw in a solution of carbolic acid—one scruple in a pint and a half of water—ordered this repeated in six hours. The next day an inflammatory blush, of a decidedly erysipelatous look and covering half the stump, showed itself; but the carbolic acid being discontinued and lead lotion applied, the redness disappeared in a few days, and the discharge gradually lessened. No other untoward circumstance occurred, and the patient was dismissed well.

I am inclined to the opinion that the carbolic acid provoked the inflammatory redness. At any rate, under similar circumstances, I would use the remedy cautiously, and begin with a weaker solution.

LOUISVILLE, KY.

NOTES ON MEDICINE IN CHINA.

BY W. A. P. MARTIN, D. D., LL. D.,

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The Chinese describe particular diseases according to particular planets, portioning out their relations to these, and to the five elements, colors, tastes, points of the compass, viscera, etc., and gravely assign every disease to the prominence of one or the other, and treat them accordingly. No Chinese treatise on medicine would be perfect without a most elaborate and complete cosmogony, with which it invariably begins. The action of the two principles, male and female, must be clearly laid down, and each disease attributed to one or the other of them. This lies at the foundation of a correct knowledge of their mysterious and absurd doctrine of the pulse, to which we may refer in a subsequent article.

In the present paper we shall refer to magic merely, as applied to healing, reserving cure by charms and gymnastics for a future paper.

The arts of magic have always occupied the chief part of the religion and philosophy of the lowest races of men. Among the Africans we find amulets in great use as objects of worship on account of their imaginary supernatural influences. Among the Turanian races (and the Chinese belong to this family) we find incantations and witchcraft or Shamanism occupying their place. Formerly diviners were maintained at the public expense at the court of the "Son of Heaven." Now, under the "Great Pure Dynasty," mandarins of the first and second rank are especially appointed to confer about the lucky days and *fengshui* of the imperial tombs, etc. In China magic has held sway more than four thousand

years; and with this people, highly educated, but of a low type, if ever abandoned, it will be done slowly and with reluctance even before the advance of christian civilization. Yet all China is not given to such superstitions. The present Chinese dynasty banished healing by magic and charms from the medical college in Pekin over two hundred years ago, and have made it a punishable offense to practice these *depraved* methods. Were the arts of magicians confined simply to the healing art, the government would tolerate them; but in too many cases they are made the occasion to deceive the people, who are enticed thereby to enter into societies and embrace tenets which are hostile to the peace and stability of the throne.

The whole art of healing by sorcery and charms is included in the term *depraved religion or doctrine*. It is something deflected from the proper and perfect line of rectitude. In the time of Confucius these demoniacal arts and false doctrines existed, and were exercised chiefly by women who were able to cure disease and see and recall spirits. Whatever spirit may have produced the malady, these enchantresses had the power of driving them out! They were termed witches, and by this name they were always called in ancient times. We abstain from tracing their history through the successive dynasties down to the present time, as being uninteresting to general readers out of the "Middle Kingdom." But the subject is replete with amusement if not instruction.

In China, as in all countries, the magicians, the so-called *vos estis Dii* of some, pretend to cure the *omnia mundi mala* by means of cabalistic words or characters, spells, philters, incantations, jugglery, etc. Disease is looked upon as a punishment for sin in this or a former life, and therefore the spirits who are supposed by Heaven's permission to inflict these punishments by sending diseases must be appeased. If they cause so can they cure disease. We often hear the Chinese remark that they are expiating their sin in their

disease ; that it is the just retribution of Heaven. They are thus ever anxious and ready to resort to the temples to burn incense, to discover the fates or appease the gods, and avert or remove some malady. The people have more faith in their *gods* than their *doctors* ; for although they sometimes seek relief from their native physicians (if such they deserve to be called), yet they quite as often resort first to the temples. If the patient recover, it is attributed to the mercy of the god consulted ; if he die, it is ascribed to fate. A large and increasing number from all classes, who find no relief from their idols and gods, come at last—often, alas ! too late—to the foreign hospital.

China too has had her particular deities for particular affections—her special temples, where special divinities who preside over medicine, small-pox, infantile diseases, etc., have incense burned and worship paid to them. The fictitious Empress Pan-chen, supported by ten elder brothers and ten elder sisters, is the goddess of the “heavenly flowers” (small-pox) ; Tsni-sheng and Sung-sheng preside over the birth, sex, and diseases of children, and are always surrounded by numerous little clay images ; Lii-tsu over all diseases in general ; and Yao Wang (Prince of Medicine), by the name of *Tsun*, over medicine. It is related of this last that an empress of the Tang dynasty, during a case of difficult and tedious labor, called this physician after all the court physicians had been consulted in vain, and he, by means of a rope twenty feet long attached to the imperial wrist (he was not permitted to see her), pronounced it from the pulse indications a case of the fetus grasping the heart of the mother. Having once made a true diagnosis, the remedy was instantly applied, and six inches of steel soon caused the child to loosen its hold ; and so the fetus was delivered and the doctor was deified. Several celebrated doctors in the various past dynasties have been made the objects of worship in the temples.

A common mode of consulting the oracles or deities, both in the temples and on the streets, is by casting lots with a bamboo tube containing a hundred sticks. Each slip has a number corresponding to a stanza of poetry which is consulted to discover the mind of the presiding spirit, or it may refer to some medical work for the decision or prescription of the divinity; and thus the balm is applied. The object sought is discovered in a variety of ways through the means of this tube and slips. The tube is shaken until a slip jumps out; and this is sometimes repeated until a favorable answer is obtained.

Another method adopted to ascertain the curability of the disease, and to disclose the *arcana fatorum*, is to take three copper coins and throw them from a dice-box on the table. Certain conclusions are derived from these: thus, if the three turn up together, as reverse or obverse in six throws, uncertainty is the inference; if two obverse and one reverse or one obverse and two reverse occur three times in six throws, it is considered fixed and certain; and so on. Others practice by means of round pieces of wood with characters inscribed on them, which, from their position in relation to their theories of cosmogony, the "heavenly stems" or "earthly branches," the male and female principles in five elements, etc., delineated upon diagrams before them, are made to shadow forth the intentions of Providence in regard to the patient.

There is also the plan of operating by means of a medium, akin to spirit-rapping. Women often act as mediums; they get possessed of the spirit of some god or goddess, and through it the divinity prescribes. The usual method of eliciting information from the spirit is to sit round a table, while two persons take hold of a round board to which a pen is attached at right angles. The table is covered with fine sand rolled even and smooth so that characters may easily be traced upon it. Some charm written on yellow paper is either burnt over kelbat or at the door of the house, or at

the temple of the divinity whose presence is desired. The whole thing is conducted with the utmost ceremony, exactness, and faith. The spirit appears and delivers responses to the subjects submitted to its consideration by tracing more or less legibly in the sand. At the presence of a foreigner it complains and refuses to communicate.

In one form the spirit comes at the mention of his name; in another, the patient or seeker must first walk a hundred steps, and that spirit which is first met is invited; as, for example, if thunder be heard on going out, the spirit presiding over thunder would be invited. The remaining processes are the same.

Many of the gods of medicine are consulted in a very practical and tangible way. The patient rubs the part of the image which corresponds to the affected part in order that the god may know where his services are required. Outside one of the eastern gates of this city there is a bronze mule, the patron of the *literati*, which is quite burnished by the frequent rubbings of the people in search of health. The patients never reflect that the mule is only a Nehustan, and nothing more.

A practice common in some parts of China is to beat the bedstead with peach and willow branches for the cure of the sick. The Jesuits have written much about cures of this kind in China; and holy water has done good service in Japan. One relates that he cured a mad woman by hanging Saint John's gospel about her neck.

Another practice is to invite the Taurist and Buddhist priests to the sick-chamber to expel the deadly influences proceeding from evil spirits. Mirrors are hung upon the walls to frighten them. Some of the spirits are active in creating disease in order to obtain food; and so food and fruit are always placed before these hungry gods to appease them. The priests besides chant their formulas and meaningless prayers, burn paper and incense, ring bells, beat gongs, and

sprinkle water on the affected part or on the sick person generally. The water is used with the notion of purifying the patient, either preparatory to the spirit entering to cure or to cause the exit of the evil spirit. The Chinese use water so sparingly, being actually afraid that its use produces disease, that they may be said to be genuine hydrophobists. To abstain entirely from liquids or beverages is prescribed as a recipe for longevity. When thirsty the tongue must be so manipulated in the mouth as to cause a copious flow of saliva, and this goes directly to nourish the original and vital principle! The soul even after death—for the Chinese do die notwithstanding—requires looking after from the priests, if we may judge from the noise and time taken to perform the ceremonies before interment is respectable or the soul made happy. Nothing to residents in a Chinese city is more disagreeable than the incessant jinglings, lamentations, and gongs; and in case of epidemics of cholera, typhus, small-pox, diphtheria, etc., no custom is more hurtful. Seven, fifteen, or more days are sometimes devoted to the incantations in a rich family. In a family of twenty-seven I have known twenty-six die within a month of diphtheria.

The following will illustrate how a celestial sometimes obtains practice. N. was very poor, and took to divining on the streets under a mat awning, or by an open table when the weather permitted. (Within a mile of this hospital there are a dozen such fellows.) In his house, above the cupboard, there was the usual medical idol, Lii-tsu, and one night he dreamed that this god advised him to take to healing by charms, and promised to instruct him. Next morning, much to his astonishment, he found a volume on the subject, full of drawings of charms, beside the idol. My friend, with the god's assent and assistance, commenced practicing the writing of the charms; and when he became somewhat proficient he began his craft, adding to it his divination and geomancy. He was soon called to attend one of the princes, when he

correctly divined the disease by the eight *diagrams*, and prescribed the efficacious charm! All the prince's followers and retainers became his patients and disciples; and on his birthday, and that of his wife, they present him yearly with tokens of their regard and gratitude. His fame has become immense, and he runs great risk of being either knighted or deified.

In concluding these brief and desultory observations on this branch of the Chinese healing art, we can not do better than quote a single sentence from the preface of one of their own works on divination: "The augurs and magicians are prompted by the desire of gain, and sorcery is practiced with the view of ensnaring the people." They are often in collusion with the priests, and the gains are frequently mutually shared between them. Their exactions are sometimes almost too heavy to be borne. To the rich, the meritorious deeds to be done are increased; to the humble, the burdens laid upon them bring them to the verge of poverty, and they often pawn everything to appease the gods. But this charlatanism and quackery exist also very often between diviner and physician. Quacks join a league to increase their practice, and the sorcerers by their divinings indicate (as by the will of the gods) the physician to be consulted. These alliances are said to be the plague of every city.

PEKIN, CHINA.

DO ODORS CAUSE DISEASE?

BY A. P. MERRILL, M. D.

Almost universally this question is answered in the affirmative, but when closely scrutinized it becomes difficult to determine the degree and kind of odors producing noxious effects. Disagreeable and offensive odors are most feared,

but it is not easy to ascertain how repulsive they must be to become deleterious. Perhaps these difficulties had their influence in eliciting from a member of the New York Board of Health the expression of an opinion that all odors are injurious, even the agreeable odor of flowers, and in such opinion this board of health appears to have concurred. The sanitary legislation of the metropolis therefore is based upon this one idea—*odors are insalubrious, and ought to be abated.* The authorities of other cities hold more or less to the same view of the subject, and popular opinion is in full harmony with the idea.

The city of New York affords rare facilities for the investigation of this subject. The fat-boiling operation greets you on entering the city, the odors arising from which seem intensified by the vapors which convey them from the seething caldrons. But go among the operatives and attempt to condole with them about their hazardous employment, and they will ridicule the governing maxim of the board not less earnestly than the belle of an evening party who cherishes the fragrant bouquet presented by an admirer. But look into the tenements crowded with women and children. You seek in vain for any extraordinary prevalence of disease, and receive in reply to your inquiries the assurance that "this is the healthiest part of the city."

Go next to the wharf where the bodies of dead animals are so ingeniously utilized. The odor is intolerable; but the uniform declaration of the operatives, busied in filth, is, "This is a healthful employment." Visit the common butcheries. Here, as in slaughter-pens everywhere, the stench is particularly depressing, and even nauseating; and to the usual inquiry the workmen are apt to say, "Look at us; do we look at all sickly?" Take a look into this cellar so carefully screened from the eyes of policemen. It is four feet deep in butchers' offal. Whole families residing above and near it enjoy perfect health. The glue-makers, soap-boilers, tallow-

chandlers, bleachers, gas-makers, and others, subjected both day and night to repulsive odors, tell the same agreeable story of themselves. Others may suffer sickness and death from odoriferous exhalations, but they do not. But certainly there is an occupation destructive to health; vehicles are laden with night-soil under conditions which actually startle sound sleepers of a summer's night from their slumbers and their beds; the deadly stench is in the nostrils of every one, and with a well-scented handkerchief to your nose you sally out for information; you are still met with the unqualified asseveration, "this is a healthful employment."

By diligent inquiry into the sources of noxious odors in New York city I have not been able to find an instance of those habitually exposed to them being convinced of their unhealthful influences. I have also examined into the business of hog-killing in western cities, where in some cases the offensive offal accumulates in ship-loads, and the wasted blood is sufficient for the ships to float in, and the story of harmlessness and exemption from disease is still the same. No peculiar form of sickness prevails among the exposed—men, women, and children, to be counted by thousands—and there is no increase of wages to compensate laborers for the risk of health, as in many other employments.

I have had some experience also in the investigation of this subject in southern latitudes. In 1819 I was curious to ascertain the influence of fetid odors in causing yellow fever in New Orleans, and failed to discover any uncommon fatality where they existed. The city prison, with its crowded inmates, was as repulsive to the olfactories as any inhabited place could well be, and I found no fever there, nor did any occur in that prison in subsequent epidemics for many years afterward. The same exemption existed in the city prison at Natchez when the disease visited that city, nor did a death occur among the inmates until they were removed to the country, under the influence of a popular delusion. Con-

versely, an epidemic yellow fever prevailed at the Bay of St. Louis in 1820, where there were no fetid exhalations whatever, and the same has occurred in many other southern localities where the sanitary police was unexceptionable. In 1822 the disease was virulent at Pensacola and vicinity, and the only exemptions from attack were among those who were exposed to the most repulsive odors.

The various epidemics of yellow fever at Natchez from 1817 to 1837, and some in subsequent years, afford abundant proof that offensive odors had no agency in producing them, as do also the two visitations at Memphis in 1855 and 1867. There are many other examples indeed in various parts of the world which afford substantial proofs that yellow fever may exist epidemically without the agency of noxious odors, and that such odors may prevail not only without producing the disease, but under conditions rendering it probable that they have been protective in their agency. The same is true also of cholera and various other epidemic and endemic diseases; and if it can be shown that fatal diseases prevail without the agency of this reputed cause, and that the cause often exists without producing such diseases, the inference is legitimate that there is no necessary connection between them.

The inconsistencies growing out of this popular delusion are remarkable. Even the learned Board of Health of New York, always recognizing the assumption that odors are injurious, does not hesitate to order emigrant ships to be charged with stifling fumigations, to the great discomfort of passengers, and then boast that they have "anchored cholera in the lower bay," and protected the city from the disease, when every physician in practice knows that there are cases of cholera occurring all the while among the people. Other inconsistencies equally striking will occur to any one whose thoughts are directed to the subject.

To make a full and complete statement of the subject, with accumulating proofs, would be to write a very large book.

The most that can be claimed by the advocates of the odor theory is that certain odoriferous exhalations, when in excess and long continued, enervate the body by diminishing wholesome respiration, and thus create a predisposition to attacks of disease when epidemics prevail. There is proof abundant that whole populations have been subjected to such exhalations without suffering until some epidemic influence exercised its power upon them, and even then, as has been stated, such odoriferous exhalations have seemed to be protective.

Neither of the two great epidemics of the period, yellow fever and cholera, show any particular preference for classes of people living in the midst of noxious odors, but make their most virulent attacks upon people comparatively exempt from such influences. The former disease has been longest known; and in southern cities, frequently visited by the disease in its epidemic form, we do not look for its advent among the butchers and others engaged in occupations subjecting them to repulsive odors, but among those residing in high and dry localities. These are not only early sufferers, but they are apt to take the disease in its most virulent and fatal grade. Such is the experience at New Orleans, Natchez, Vicksburg, and Memphis, and also at Vera Cruz and the cities of the West India islands. At Rio Janiero, where the disease first appeared in 1850, it seemed to have been invited by extraordinary efforts to improve the sanitary police of the city, and its annual appearance since has been in spite of efforts to exclude it by removing the source of offensive odors. Natchez affords another illustration of this want of success in warding off epidemics by a sanitary police. This is probably the best drained and most cleanly city in America. When not visited by epidemics it is the most healthy; but no city has suffered more from yellow fever, and even the cholera has not spared it.

Preconceived and long-entertained opinions are of great force among men; but the legitimate inference from all observation is that odors, whether agreeable or disagreeable, are

not causes of disease in the sense generally taken. Although they may predispose the system to disease, and even disorder certain healthy functions by impairing nervous energy and hindering free respiration, they are quite as often protective from attacks of prevailing epidemics as otherwise. That effluvia arising from decaying animal and vegetable substances, so disagreeable to the olfactories of men, are not the proper cause of fever in any of its forms, is abundantly proved by the existence of this reputed cause without producing the disease, and the prevalence of the disease where these effluvia do not exist.

Look at the example of extensive marshes with which the world abounds. During the season of rains, floods, and inundations vegetation luxuriates, and the air, the earth, and the water teem with animal life. Death is also in the midst of this life, and the atmosphere is charged with evidences of decomposition. Repulsive odors prevail everywhere, but men have no fear of deleterious effects. Pestilence never appears in such cases. But as the season changes, the rains cease, the floods subside, and the rays of a tropical sun evaporate the moisture, everything becomes desiccated, and the earth, shrinking up as it dries, is rent in deep fissures. Insect life vanishes; cold-blooded reptiles either bury themselves deep in the mud or take refuge in the lakes and rivers; the wild animals flee to the mountains, and even the birds disappear. All is silent, desolate, lonely, and no odoriferous exhalations exist, for there can be no decomposition for want of moisture. When all the sources of fetid effluvia are dried up, and nothing meets the eye but evidences of the entire disappearance of decomposition; when water, recently so abundant and conducive to decay, has been withdrawn, and vegetation languishes for the want of it; when animal existences either succumb because of the disappearance of their pabulum of life, or, warned by unerring instinct, adopt the only means of self-preservation; then, and not until then, need pestilence be

feared. Man, self-reliant and courageous man, alone defying the experiences of time, plunges into the frightful solitude, and learns from an experiment thousands of times repeated, with the same uniform results, that no human being can sleep in such locality without incurring the penalty of certain death. As well might he defy the hazards of the cannon's mouth.

MEMPHIS, TENN.

TREATMENT OF CEPHALÆMATOMA BY EARLY PUNCTURE.

BY S. V. FIROR, M.D.

The occurrence of cephalæmatoma, though rare, is of sufficient frequency to merit a careful consideration of its pathology and treatment. Dr. Condie describes it as a dangerous tumefaction on the head of new-born infants; situated upon one of the parietal bones, generally the right; varying in extent from the size of a hazel-nut to that of the whole bone; kidney-shaped, and of a doughy, fluctuating feel; having a hard, sharp, and well-defined margin; giving to the fingers the sensation of a bony edge, such as would result from an entire loss or considerable depression of the skull at the part occupied by the swelling. The color of the scalp enveloping it is unchanged, and the tumor undiminished by pressure. No motion is communicated to it during inspiration, crying, or coughing; and there is absence of pulsation, except perhaps when it is first formed.

The diagnostic points enumerated in the foregoing description are, in the main, such as have been given by other writers on this subject. All define it to be a disease of new-born infants, except Velpeau, who met with it in an infant of six months, and in another instance in a child of twenty months.

He also mentions its occurrence in a man twenty-six years of age, and also in a woman forty-nine years old.

In regard to the site of the tumor authorities differ. Chailly says it is only met with on the parietal bones; oftener on the right than on the left, sometimes on both at the same time. Condie gives its seat as most frequently on the right parietal, but as occasionally occupying the frontal, and more rarely the occipital bone. All agree, however, that the tumor never extends across the sutures or upon the fontanelles.

As to the frequency of cephalæmatoma: while Dr. Condie says it is of extremely rare occurrence, and Dubois, during a service of many years at La Maternité, met with only six cases, Velpeau declares it is encountered sufficiently often to induce many practitioners to consider it of specific origin. Statistics collected on this head differ as widely, varying from one in one hundred and ninety-eight to one in five hundred children.

A more important question, however, is its pathology. According to Dr. Condie it is invariably the result of circumscribed effusion of blood *beneath* the pericranium, from a rupture of the vessels which pass upon and into the bones of the skull from the pericranium without and from the dura-mater within, causing the separation of the former structure, or more rarely of the latter from the surface of the skull. Dunglison also terms it a sanguineous tumor developed between the pericranium and the bone, and such is the opinion held by writers with scarcely an exception. A notable one, however, is M. Velpeau, who, while he holds to the belief that the effusion is from the rupture of the cranial vessels, declares that the blood is sometimes found between the skin and the aponeurosis, more frequently between the aponeurosis and the pericranium, quite frequently between the pericranium and bone, and sometimes between the bone and dura-mater. He thus differs from other writers on this subject, who all locate the effusion between the pericranium and the bone.

The hard, sharp, abrupt ring which encircles the base of the swelling, and which gives to the touch the sensation of a bony edge, is said to be constantly present in mature cases, and begins to be formed as soon as the separation of the pericranium is arrested. It is caused, according to some, by an exudation of fluid at first of a gelatinous consistence, but becoming more dense, and finally ending in a bony deposit. Others refer the ring to a coagulation of blood at the edges where the pericranium and skull are still in contact; while still another number believe it is simply a deception in the sense of touch.

The rupture of the vessels is generally attributed to the pressure upon the child's head while passing through the pelvic straits; but how are we to account for its occurrence after a perfectly easy delivery, and in some cases months after birth, unless from direct violence?

In regard to prognosis and treatment authorities are at variance. M. Chailly declares the effusion to be without danger unless the bone be necrosed (which is an admitted result), and that when left to themselves, or assisted simply by discutient applications, these tumors disappear in a few weeks. Dr. Condie and others, however, regard them in a more serious light, and advise careful watching.

One of the chief troubles to be anticipated is necrosis or caries from the denuded condition of the skull, with its ultimate extension through the bone, and possibly a consequent inflammation of the dura-mater or brain. A commoner complication, however, if absorption does not take place or evacuation is not made, is suppuration, which may induce pyæmia. Yet Velpeau advises temporization after compresses wet with a solution of muriate of ammonia, tannin, alum, or other astringents. Puncture, he says, is not admissible until after unavailing attempts have been made by compression, or unless at the end of a month's treatment the tumor remains stationary. Dr. Condie thinks that in a majority of cases the

astringent and stimulating lotions, with uniform compression, will suffice; and he holds, with Bouchut, that incision should not be resorted to unless the tumor has remained large and stationary for ten or twelve days. It seems to me, however, that the treatment advised by Michaelis, Naegele, and Dubois, of making an easy incision to evacuate the contents, is more rational. I can not imagine a sufficient reason for the delay, nor do I find one assigned. On the other hand, it does appear to me that such delay favors suppurative action, or at least retards the reparative process. These views have been strengthened by the following cases which have occurred in my practice.

April 30, 1864, I attended Mrs. M'S., a primipara, in confinement. Labor natural, but of several hours duration, and accompanied with rather severe pains. The child, a female, seemed in every way healthy, and had no unnatural appearance about the head. When six days old, however, I found upon the occipital bone a tumor which had the diagnostic points of cephalæmatoma, about two inches in length and one in breadth. Applied a lotion of hydrochlorate of ammonia in camphor-water, with a slight compress, which was continued four days; but finding then no diminution, and the tumor being very tense, with the appearance of a second tumor upon the same bone about half an inch to the right, I determined to open by a puncture just sufficiently large to evacuate the contents. Continued the lotion and compress for three days more. At this time, the second tumor having increased greatly and become quite painful, I punctured it also in the same manner. Continued the former applications. The healing process went on rapidly, and in a few days after opening the second tumor the case was dismissed.

August, 1869, a child was brought to my office suffering from diarrhea. It had at that time a small tumor on the left side of the frontal bone. Two days later the mother again consulted me, saying the child suffered much with its head.

I ordered an anodyne application; but in an hour afterward I was called in haste to see the child, and, to my surprise, found a well-marked cephalæmatoma developed, very tense, and in a ridge about the size of the middle finger, one and a half inches long. There seemed to be a band separating the tumor into two unequal parts, the fluid apparently not communicating. I immediately opened the lesser cavity and evacuated a small amount of clotted blood, which was followed by some pus. This did not affect in the least the other compartment of the tumor. I therefore punctured it also, but not so effectually as I wished, and applied a roller. On my return, at the expiration of six hours, I found that hemorrhage from the tumor had been so profuse as to affect the pulse. Dressed with charpie and persulphate of iron; bleeding slight during the night. Next morning dressings and coagulated blood were removed, when the tumor was found nearly evacuated. Added wine of opium to the previous lotion, and applied slight compression. Sanguineous fluid continued to ooze until the 31st, when, on removing quite a mass of clotted blood, I found a considerable portion of the scalp over the tumor had sloughed. Pressed out some remaining clots, and dressed with resin cerate and balsam of Peru. Healthy granulations soon began to spring up, and by the middle of September the seat of the trouble had entirely healed.

In both these cases the healing process went on rapidly, and there was no evidence of mischief done to the bone by the separation of the pericranium, or of any effusion between the dura-mater and the skull. I think the fortunate result obtained is fairly attributable to the treatment pursued—early puncture or incision. Where, as in the last of my cases, the tumor forms with such rapidity, nothing short of the knife promises the necessary immunity against the dangers of denudation of the bone, with its long catalogue of evils.

CATLETSBURG, KY.

ON THE BISULPHIDE OF CARBON.

BY RICHARD O. COWLING, M.D.,

Demonstrator of Anatomy in the University of Louisville.

In the appendix of the United States Dispensatory the bisulphide of carbon is mentioned as a local anaesthetic, but is given no special prominence, and it certainly has not passed into general use with the profession. It has occurred to me that its excessively disagreeable odor may have contributed to this result. As far as my observation extends it is rarely applied except in headache; yet the remedy has proved in my hands an agent of real usefulness and power in many other painful affections, and deserves I think a more extended trial than it has yet received. It is speedy in its action, and the relief which it affords is often permanent. It is very cheap. It is readily converted into vapor by holding the vial which contains it for a few moments in the hand, or, in cold weather, by dipping it in warm water. The vapor is exceedingly penetrating, passing quickly through ordinary clothing, or even through calf-skin. Hence, if desired, it may be applied without exposing the seat of the pain. The inconveniences attending its use are few and insignificant. Among them are: (1) intense redness of the skin is sometimes produced, and continues for several hours; (2) a burning pain of the surface, which is occasionally severe, but which quickly disappears when the application is withdrawn, or, if it persists, may be almost instantly removed by gentle friction with the hand; (3) when continued too long vesication may occur, though I have seen this result in but a single instance.

The vapor should be kept in contact with the parts for thirty seconds after the burning sensation alluded to has set in; and, if the pain be rebellious and the patient will endure

it, for double that time. When it is necessary to repeat the application, this may be done over the original spot or on an adjacent surface, and a few trials are sufficient to determine its effects. A convenient mode of using the remedy is to take a small shallow vial, with a wide mouth, put in this a bit of sponge, pour on it a drachm or so of the bisulphide, and place the mouth of the vial over the seat of the pain. The first sensation experienced by the patient is one of coldness, which is speedily followed by the burning mentioned, and this occasionally becomes almost at once unendurable.

The bisulphide possesses, according to my own observation, but little if any real power over the pain which attends inflammation. In a single case of whitlow it afforded temporary relief, but in a palmar abscess it was wholly inert. It has been equally inefficient in my hands in the pain of acute rheumatism; yet my friends, Dr. Walling, of this city, and Dr. Phythian, of Frankfort, inform me that it has proved quite successful in a number of cases occurring in their practice. In some rheumatoid pains the vapor has acted well. A painful and stiff neck, lingering after an acute rheumatism, was permanently relieved in three minutes by a single application. I have used it in several cases of lumbago without perceptible benefit, while Prof. Palmer has been entirely successful with it in this affection. I think I have found the application of the vapor to the spine much more complained of than in other situations.

But it is in the neuroses that the bisulphide has manifested the most signal power. Over the neuralgic and nervous varieties of headache it has in my hands almost uniformly exercised well-nigh complete control. Applied to either temple, or to that part of the head where the suffering is greatest, temporary relief is nearly always secured, and in most cases the relief is permanent. Details are uncalled for here, yet the following may be mentioned as illustrating the promptness with which the remedy often acts.

W. G. had in the afternoon a "splitting" headache, which had begun on waking ; pain so severe as to incapacitate him for business. No apparent derangement of digestion ; no nausea. Had taken no food during the day. The application of the vapor to his temples for one minute relieved the headache completely, and it did not return.

Mr. S., chilled by exposure, had an excessively severe headache. A single application relieved him immediately ; he fell asleep, and awoke well.

In sick-headache the vapor is almost uniformly ineffectual. A friend has reported to me a single case of this affection which yielded promptly to the vapor, applied both to the head and over the epigastrium. In an obstinate headache accompanying the hot stage of an intermittent the continued application gave sufficient comfort to allow the patient to sleep. Dr. Kennion, of Harrogate, England, thinks the bisulphide an excellent application in periodical, hysterical, and neuralgic headache, and in many headaches of dyspeptic origin.

Hemicrania in a few instances only has been benefited by the vapor ; and the headache and other pains of venereal origin are altogether beyond its control. Both odontalgia and otalgia, unless dependent on inflammation, are promptly cured by the vapor applied either to the cheek or ear, or carried directly to the seat of the pain by means of a tube. Intercostal neuralgia and pleurodynia readily yield to the vapor. In the case of a girl, whose pain over the precordial region was nearly as intense as in angina, after only temporary relief had been afforded by a large opiate, all the symptoms vanished in five minutes after the application, and did not return. I have had no opportunity of testing the remedy in uncomplicated sciatica. In one instance, where the pain followed the course of the nerve but was dependent on abscess of the hip, temporary relief was afforded, but the remedy soon lost its effect. Dr. Coleman Rogers informs me that he has used the vapor with success in simple sciatica.

In several cases of pleurodynia of a really distressing character, occurring during menorrhagia, I have seen the vapor afford prompt relief. A hysterical pain of the mamma, which had resisted various remedies for three weeks, was immediately cured by one application. In one or two cases of severe colic the bisulphide was thought to be of some benefit, but the intervals between the paroxysms of pain were so short that it was difficult to test the remedy.

J. A., subject to a chronic intermittent, suffered much from pain in the region of the spleen. The pain was at first periodical, and was relieved by quinine; but, in spite of tonics, continued to return, and finally became constant. A single application relieved her. The pain returned at the end of five months, and was again relieved by the bisulphide. I have mentioned the very penetrating character of the vapor. Dr. Kennion suggests that it probably passes through the skin, and exercises its sedative influence upon the superficial nerves of the part to which it is applied.

LOUISVILLE, KY.

RESECTION OF THE ELBOW-JOINT.

BY W. T. M'REYNOLDS, M.D.

Until any surgical procedure, especially one reputed conservative, shall have become thoroughly approved and accepted as a proper surgical expedient alike by the common consent and practice of the profession, every operation bearing upon the question possesses a certain statistical value. It is this consideration which induces me to publish the following case; for although the operation itself is as old as the time of the elder Moreau, it very slowly attracted attention, and for a long time received little favor at the

hands of either writers or operators. Perhaps indeed no important surgical measure has met with more opposition or been more neglected than that of excision of joints; and, although the subject is pretty fairly discussed in the later works on surgery, and has been somewhat voluminously presented in our periodical literature, I fear there are still those who question its propriety under any circumstances, and who prefer in all cases to lop off a limb and "have done with it."

P. F., a German, forty-seven years of age, received a pistol-shot December 12, 1868. The ball—a small conical one—entered opposite the left elbow-joint, at its outer side, and penetrated the articulation, where it lodged. Two months subsequently, February 8, 1869, I performed resection of the joint. At this time the arm was considerably swollen and tender, the forearm and hand infiltrated and painful, the little and ring-fingers stiffened and benumbed. Any efforts at motion of the joint were absolutely unbearable; the arm was semi-flexed, and could not be extended even under anaesthetics; the aperture of entrance still remained, and its sides were covered with fungous granulations. Every effort to remove the ball had failed, and the joint was considered hopelessly spoiled.

Chloroform having been administered, I made two longitudinal incisions, parallel to each other, on the outer and inner aspect of the arm, extending two inches above and the same distance below the joint, and connected them by a transverse cut across the olecranon process in the form of the letter H, as originally practiced by Moreau. The flaps being dissected back, the tendon of the triceps-extensor was separated from the olecranon, and this process divided with a saw and removed. Underneath it, in the olecranon fossa of the humerus, the ball was found imbedded. The end of the humerus was brought through the wound, and this bone divided through the condyloid processes, about one inch

being removed ; the bones of the forearm were similarly treated, an additional piece being sawed from the ulna, and the radius decapitated on a line with it. There was little hemorrhage, no vessels having been divided.

The wound was dressed precisely in accordance with Mr. Lister's instructions, and laid along a rectangular leather splint. I have never seen a better exemplification of the good effects of this method than was furnished by this case. On the 22d of February the wound was healed throughout, mostly by first intention, and without suppuration. On the 8th of March, just one month after the operation, the patient was walking the streets with his arm in a jointed splint. In a little while he threw aside the splint and substituted a simple sling.

Since the date last mentioned he has been in constant attendance at his place of business. His general health is excellent. The limb is shortened about an inch and a half, and the power of voluntary rotation of the forearm is lost ; but no empty coat-sleeve dangles at his side, and the natural symmetry of form is unbroken. The arm has been and is constantly improving in usefulness ; with its help he is able to do up and tie packages ; with the hand of that side he can feed himself, or carry a glass of water to his lips. Occasionally he finds it comfortable to rest the arm in a sling for a few minutes ; but there is no pain or swelling about it, and every day he is able to accomplish some new feat with it. He is in the highest degree gratified with the result of the operation.

In this case the joint was hopelessly injured ; the evils of an open joint were already being endured, and therefore the question of treatment lay between amputation and resection. All the advantages which could be urged in favor of the former were, that it would completely remove the diseased structure, and with it the source of pain and suppuration speedily and easily ; but it involved the sacrifice of the limb. On the other side it was believed that the same ends were

certainly attainable by the excision of the joint, with the preservation of the limb, which, although impaired, might yet remain a useful member. This, together with the further consideration that in the event of failure in the first operation recourse could still be had to amputation, decided the question: the wisdom of the decision is seen in the result obtained.

Much difference of opinion obtains among surgeons as to the best form of the preliminary incision. Mr. Erichsen usually adopts the L-shaped incision, while Dr. Gross advocates a semilunar one. The single longitudinal incision, as originally proposed by Mr. Park, is that now preferred by Mr. Syme, whenever it is practicable, after having, as he states, operated hundreds of times by the H cut devised by Moreau. Mr. Syme believes the Moreau incision to be the easiest mode of procedure, but thinks the longitudinal cut "has a decided advantage in the after-treatment, from not being exposed to the inconvenience which attends the transverse incision if it does not heal by the first intention." In cases of ankylosis, where the tendency to secondary hemorrhage is considerable, and the chance for primary union therefore exceedingly small, he operates, save in exceptional instances, by the simple longitudinal incision. The improved method of dressing, whereby a large amount of union by first intention can generally be very safely predicted, obviates I think the principal objection of the Edinburgh professor to the incision which he practiced for so many years with such signal success. It will be readily seen that each of these methods has, under certain circumstances, its special advantages. Whatever procedure be selected, the surgeon should give himself ample room for the subsequent steps of the operation.

With respect to the dangers attendant upon excision of this joint as compared with amputation of the arm, it is sufficient to say that statistics, as published in American works, are decidedly in favor of the former, a circumstance

not to be wondered at when it is remembered that the large blood-vessels and nerves which are divided in the one case are untouched in the other. But it is proper to state that Mr. Holmes, in his System of Surgery, in an article on excision of joints, contributed by himself, says that excision of the elbow is usually considered, and in all probability correctly, as attended by greater mortality than amputation of the humerus. He admits, however, that he is in possession of no data for a correct comparison between the two. Much of course will depend upon the suitability of the case and the *time* of the operation: rules which govern in important surgical operations elsewhere likewise apply in this. Other things being equal, it seems to me an operation more particularly applicable to the young than to those well advanced in life; for although the patient upon whose case these remarks are based had turned his forty-seventh year, in younger persons the reparative changes go on more rapidly, and the new joint-formation is likely to be more satisfactory. I am inclined to believe that the chief element of success in the case reported is to be found in the antiseptic dressing.

CLARKSVILLE, TENN.

Reviews.

Clinical Lectures on the Principles and Practice of Medicine. By JOHN HUGHES BENNETT, M. D., F. R. S., etc. Fifth American from the fourth London edition. New York : William Wood & Co., 1870.

The excellent volume before us differs in no respect except the date from the previous reprints of the English edition of 1865, brought out by Messrs. Wood & Co. in 1866 and 1867. Bennett's Practice is so well known to the profession that it is unnecessary to make any extended notice of it here. For the benefit, however, of those not familiar with the work we will call attention to a few of its features.

In the preface we are informed that every part of this edition has received numerous additions, and that some portions are entirely new. An account of the molecular and cell theories of organization has been introduced. Descriptions of the general laws of nutrition and of innervation in health and disease, of inflammation and of tuberculosis, have been rewritten. A letter from Velpeau, demonstrating the permanent extirpation of true cancer by the knife, is inserted. New considerations on the subject of general therapeutics have been introduced, and under distinct heads are referred to the natural progress of disease ; the knowledge derived from an improved diagnosis and pathology ; the fallacy of the change of type theory ; an inquiry into our present means of treatment ; and the proposition that physiology and pathology constitute the true foundations for medical practice. Under the heads of diseases of the nervous, digestive, and circulatory systems, several new subjects and many valuable cases are introduced. A tabulated statement of all cases

of pneumonia treated by the author at the Royal Infirmary at Edinburgh, from 1848 to 1865, is given, in order, as Dr. Bennett tells us, to satisfy his medical brethren that the restorative (not stimulant) treatment of the disease is in every way worthy of their confidence. Through the facts shown by that table he proposes to correct prevailing errors and establish new truths. Many wood illustrations and new cases are added—some of the latter illustrative of albuminuria, with increased secretion from waxy degeneration of the kidney. The author further defends his claim to the discovery of leucocythaemia; extends the subject of diabetes, and records his experience of sugar as a remedy in that disease; re-investigates certain views concerning the diagnosis of typhus and typhoid fevers; details a very careful trial of the wet sheet in scarlatina; and illustrates a singular new fact in the history of mercurial poisoning. Thus much we are told in the preface.

Dr. Bennett quotes Dr. C. J. B. Williams's deduction, drawn from a record of seven thousand cases of consumption, that cod-liver oil increases the average duration of life in this disease from two to four years, two years being the average where the oil is not employed. Dr. Bennett records his belief in what is commonly considered a vulgar and absurd superstition—namely, that "the glittering bodies of serpents and the glaring eyes of other animals *fascinate* birds and small quadrupeds."

Dr. Bennett denies that we possess any true expectorants, cholagogues, emmenagogues, lactagogues, or aphrodisiacs. He regards iodine as valueless in scrofula and goiter; opium, as injurious in delirium tremens; strychnia, as powerless in paraplegia; woorara, as worthless in strychnia-poisoning; and coffee, as inert in opium-poisoning. Quinine he asserts is without demonstrated prophylactic power in malarial troubles. Few southern physicians will agree with him on this last point.

Dr. Bennett cures all his cases of delirium tremens and erysipelas, he tells us, with nutritious diet. Muriated tincture of iron he declares is totally inoperative in the last-mentioned disease. As for rheumatism, he avows that up to the present time no remedy has been proved to shorten it one hour. Tartar-emetic and other depressants Dr. Bennett looks upon as instruments of unmitigated evil in pneumonia. In his practice the mortality in pneumonia is only one to 32.25; and in uncomplicated cases, no matter what extent of lung is involved, none die in his hands. His treatment consists solely of nutritive drinks, especially *beef-tea from the first*, wine if symptoms require it, and solid nutrients as soon as they can be taken. Under the antiphlogistic treatment one case of pneumonia in three terminated fatally.

Dr. Bennett holds that most diseases in vigorous constitutions tend naturally to recovery, and all agencies which produce weakness and prostration—the so-called antiphlogistics—are sources of danger and chief causes of fatal result. The employment of blood-letting, aconite, tartar-emetic, digitalis, etc., he regards as unphilosophical and hazardous treatment. The change-of-type theory of Dr. Alison, Dr. Bennett considers baseless and fallacious.

Dr. Bennett bitterly decries the use of mercury in syphilis, and goes so far as to declare that the severity of syphilis has declined exactly in proportion as mercury has ceased to be employed in the disease. Such a statement from such a source is simply marvelous. Further to demonstrate his ignorance of the subject of syphilis, he gravely enumerates as causes of syphilis, or primary symptoms of syphilis, "balanitis, gonorrhea simple or ulcerative, acute or chronic, granular disease of the os uteri, irritation in other organs, such as the testis, prostate, rectum, schneiderian membrane, conjunctiva, etc." Lord Bacon tells us that the pox originated in French soldiers eating pickled human flesh in the warm climate of Italy—unprincipled merchants having sold it to them as

tunny-fish; and that in cannibal countries the pox rages most virulently. The statements of the two authors are equally amusing and equally trustworthy. Few facts in medicine are more conclusively proved than that syphilis has its origin in syphilis, just as rabies in man comes from the inoculation of rabies, and equina from the inoculation of equina. With Dr. Bennett's views as to the origin of syphilis, faith in mercury as a cure for the disease would be most unfortunate. It is to the injudicious and inordinate use of mercury in gonorrhea and balanitis, as well as in syphilis, that the prejudice against this remedy may be in great degree attributed. The testimony of all the great syphilographers of the day is that mercury, employed in proper forms and in proper quantities, and for the proper length of time, is the only reliable remedy in secondary syphilis. The moist mercurial vapor-bath, in good hands, is no less certain in the removal of secondary syphilis than is quinine in intermittent fever. Dr. Bennett's work should be in every library.

L. P. Y., JR.

Reports on the Progress of Practical and Scientific Medicine. Edited by HORACE DOBELL, M. D., Senior Physician to the Royal Hospital for Diseases of the Chest, etc. London: Longmans, Green, Reader & Dyer, 1870.

Early in 1869 Dr. Dobell sent a circular to different medical men in various parts of the world, soliciting reports on the progress of practical and scientific medicine during the year beginning June, 1868, and ending June, 1869. The answers to this have been embodied in a handsome volume of six hundred and forty-five pages, just issued from the press of Longmans & Co., London. The reports vary as much in interest as they do in length, some being common to the last degree, others of real value; some occupying many pages,

others but a few lines. They come from America and China, Africa and Iceland, Newfoundland and New Zealand, Java and Denmark, India and Italy, and many other countries. Besides these there are reports on special subjects—on consumption, cider colic, cretinism, leprosy, fistula in tuberculosis, sulpho-carbolates, etc.

The names of the reporters are in many instances a guarantee as to the value of the reports. Prof. Villemin furnishes the report from France, Julius Althaus from Germany, Henry Bennett from Algeria; while Tilbury Fox writes on leprosy, Balthazar Foster on consumption, Henry Smith on fistula in consumptives, and Brewer Mattocks on the climatology of consumption, with special reference to Minnesota.

We have room for but a single extract, which we make from the excellent report of Prof. Villemin.

"The utility of *thoracentesis*, or *paracentesis thoracis*, is no longer doubted in France. There seems to be a complete agreement as to the harmlessness of the proceeding, and its indications. In general, pleurisy gets well by ordinary means, but a certain number of cases require thoracic puncture. In spite of the success of thoracentesis, patients do not always resign themselves easily to it. Even the great Dupuytren, when attacked by pleurisy, recoiled from such a method of relief, when proposed to him by Sanson.

"M. Blachez employs for the operation a capillary trocar, and anaesthesia by Richardson's apparatus. In order to avoid chilling too large a surface he applies a large piece of diachylon, with a hole in it corresponding to the point where the trocar should enter. A second and third piece of diachylon, with a larger hole than the first, and lastly a bandage round the body, not going beyond the selected intercostal, complete the protective apparatus. The jet of ether is directed on the spot of skin thus left, and in four minutes' time the anaesthesia is complete. Many patients were not sensible of the entrance of the trocar, which should be always thrust in with rapidity, and in a perpendicular direction. The operation resembles puncture with the ordinary instruments, but lasts longer, from the slowness with which the contents escape. This slowness

is an advantage, being remedial to those fits of coughing which depend on the rapid displacement of the lung and the too sudden penetration of the air into the chest, which occurs when the liquid flows more rapidly, as with trocars of a larger size.

"Creosote in Typhoid Fever."—M. Pécholier states that creosote administered in small doses, in potion or lavement, and probably also in vapor, at the commencement of typhoid fever, dating probably from the very earliest period of its invasion, has a powerful effect in diminishing the intensity of the malady and limiting its duration. The patients take every day by spoonfuls a potion containing three drops of creosote and two drops of essence of lemon, ninety grammes of plain water and thirty grammes of orange-flower water. At the same time they get daily two glysters, containing each three to five drops of creosote."

Much of Dr. Dobell's Reports has already found its way into print through the journals, proceedings of societies, etc., in which several of the articles originally appeared in 1868-9. The labor of arranging and preparing the work has been great. Dr. Dobell has executed it with fidelity.

Relaxation of the Pelvic Symphyses during Pregnancy and Parturition. By F. G. SNELLING, M. D. (From the American Journal of Obstetrics and Diseases of Women.)

Dr. Snelling's monograph, which was read before the Medical Journal Association of New York, and which has appended to it some remarks made by Professors Barker and Taylor at the time it was read, is exceedingly interesting and valuable. It is probably the most complete paper on the subject extant.

Dr. Matthews Duncan (Researches in Obstetrics) has a chapter upon the "Pelvic Joints in Parturition," but it is mainly devoted to a *quasi* argument for the Sigaultian operation, and does not refer to the diagnosis and treatment of relaxation of the symphyses when it persists after parturition.

The best article which we had seen upon this disorder, until this paper of Dr. Snelling's, is found in the fourth volume of the *Nouveau Dictionnaire de Médecine et de Chirurgie Pratiques*.

Dr. Snelling discusses the anatomical structure of the pelvic symphyses, recognized as each possessing a synovial membrane, and asserts "that an uncertain, varying degree of relaxation or ramollissement does obtain in a very large number of cases in the pregnant and puerperal condition," etc. The statement made by Emile Bailly, in the *Nouveau Dictionnaire*, upon this latter point is much stronger.

"Hippocrates has observed that during pregnancy the pelvic ligaments are softened and stretched, and the pelvic bones, less closely united, have a mobility which does not exist in the unim-pregnated condition. The dissections of Ambrose Paré and of modern anatomists have confirmed the observations of the father of medicine, and it is now admitted that there exists in all pregnant women a sensible relaxation of the pelvic symphyses."

Dr. Snelling, in giving various explanations that have been proposed of the production of this condition, does not mention the one which Jacquemier has suggested; viz., that the cause resides in the uterus; that as this organ is developed it reacts upon the pelvis as upon the abdominal cavity.

In regard to the *diagnosis* of the affection the author says: "We may, by flexion and extension of the thigh, with the hand placed over the symphysis pubis, feel the pubic bones moving up and down under the hand, but without crepitation. The same result is perceptible on laying the hand upon the hip-bone when that is affected." Prof. Barker spoke of a case where the relaxation involved the pelvic symphysis, and made the following observation, which is well worth remembering: "A point which struck me, and which I have never seen mentioned, was that she could stand with comparative ease, resting upon either one leg or the other, but could not balance herself upon both legs at once."

Bailly, in the article already quoted, in discussing the

subjective symptoms, says, among other things, that the patient has a feeling of the displacement of the bones, and that the trunk seems to sink and her height to lessen; and then he mentions, among the objective signs, that a hand placed upon the pubis, and one or the other limb moved, a displacement of the articular surfaces is readily ascertained, and there is sometimes a distinct sensation of crepitation.

As to the treatment, rest in the recumbent position is often sufficient. In severe cases Dr. Snelling advises, as does also Bailly, Martin's girdle; where this "causes discomfort, or is too heavy," he suggests "a strong sole-leather apparatus, properly molded, to adjust itself to the shape, and secured in the same manner as Martin's apparatus." We apprehend that the majority of cases where mechanical means are required will do well enough with bandages made of firm material, or with the starch-bandage; while in the very few cases where these fail an apparatus may be readily constructed for each by any skillful instrument-maker, under the direction of an intelligent physician, not bothering ourselves about Martin's girdle, an instrument well enough in Europe, but of which few in this country ever heard.

The History of Nine Cases of Ovariectomy. By T. GAIL-LARD THOMAS, M. D., Professor of Obstetrics and Diseases of Women and Children in the College of Physicians and Surgeons, New York, etc. (From Bellevue and Charity Hospital Reports.)

Of the nine cases here reported five were successful. The unsuccessful cases were, respectively, two of malignant disease, one fibro-cystic tumor, and one in which adhesions did not permit the removal of more than four fifths of the sac.

Prof. Thomas, in presenting some of the causes for the mortality of ovariectomy, states that one serious injury to the position of this operation is that it "is at present performed

by men inexperienced in the diagnosis and treatment of ovarian tumors."

The author advises more frequent resort to paracentesis for its diagnostic value. In this opinion he is in accord with Dr. A. Dunlap, of Springfield, Ohio, who is one of the most successful ovariotomists in the world.

One of the most interesting questions in reference to this operation pertains to the treatment of the pedicle. Prof. Thomas in some cases used the clamp, in others the ligature, and in one the actual cautery. In one case, after ligating the pedicle, an incision was made into the vagina from the utero-rectal *cul-de-sac*, and stump and ligature drawn into the vagina.

In the last number (March) of the Journal of the Boston Gynecological Society, Prof. Paddock, of Pittsfield, Mass., reports an unsuccessful ovariotomy performed by himself, in which Dr. H. R. Storer secured the pedicle by acupressure, thus: a large steel pin was passed through it in a zigzag direction, its point removed by pliers, a loop of silver wire fastened around it, and then the wire and pin brought out at the lower angle of the wound. This was the method previously resorted to by Dr. S. in a successful double ovariotomy performed by him, a case which has already been reported.

Transactions of the Illinois State Medical Society. 1869.
160 pp.

We are impressed as we look over this volume with the evidences it affords of industry in the members of the society from which it emanates. It contains more than a dozen reports on subjects ranging through the whole domain of medicine, carefully written and well digested. The observations communicated by the busy practitioners who compose the

society are many of them curious, and nearly all instructive. If we were to indulge in any criticism concerning these excellent reports, we should say that the style is not always as terse as we like to see in papers on medical subjects ; they lack condensation. Readers of medicine in our day are generally pressed for time, and are apt to skip tedious articles. If we would be read, we must be concise.

Referring to "improvements" in medicine in the state, Dr. E. P. Cook, in his report, says :

"There has been much done in the profession during the year that is worthy of more than a passing mention here. Of new remedies introduced into practice in the state, there are none that have yet gained a place in the *physician's armamentarium*. There is a growing and judicious conservatism in the profession, in less hastily rejecting the *old and well-tried* articles of the *materia medica* for the new candidates from the pharmacist's laboratory. Indeed, we are yet far from knowing the knowable of the 'place and power' of the *old remedial agents*; too many write themselves into notoriety by some untried agent that proves to be impotent when subjected to clinical tests. We would not trammel the wheels of therapeutical progress by a blind rejection of the new, but rather move cautiously, and by all means be careful of accepting much of the beauties of the polypharmacy of the day."

Clinic of the Month.

SPINAL IRRITATION.—Dr. W. A. Hammond recently read before the New York Medical Society an exceedingly valuable paper on spinal irritation. We give in brief some of its chief points.

Symptoms.—(a) Centric symptoms: 1. Tenderness at one or more points over the spinal column, increased by pressure; invariably present, although sometimes developed only by careful examination, and occasionally appearing only several moments after the pressure is applied; varies in character from a dull ache, seated in the deeper tissues and developed by strong pressure, to a lancinating pain seated in the skin and subcutaneous areolar tissue, and excited by slight pressure; varies in degree from a slight discomfort to a hyperesthesia rendering the touch of the clothing insufferable. It may be limited in extent to the spot under pressure, or the pain may be propagated along the spinal nerves. The seat of the tenderness is most frequently the dorsal region, but may be the cervical or the lumbar, and it may extend over the whole spine. Each location has its characteristic eccentric symptoms. 2. Pain in the cord, and therefore can not be excited (unless in a reflex way, through the former) by pressure on the spinous processes; but it may be excited by percussion and by motion of the spinal column. The pain is commonly felt near the point of external tenderness, but may be distant from it. It was present in one hundred and nine cases. (b) Eccentric symptoms. These constitute the most noticeable ones, and vary in accordance with the part of the cord irritated. 1. Cervical irritation: Vertigo,

headache, tinnitus aurium, visual disturbance, sense of frontal constriction; tenderness of scalp; mental aberration (more or less marked in every case); insomnia, or excessive somnolence; neuralgic pains and motor disturbance in parts deriving their nervous supply from the affected region—in scalp and face, if this were the upper cervical; in upper part of chest and upper extremities, if it were the lower cervical; nausea and vomiting, but *not* gastric pain. 2. Dorsal irritation: Gastralgia (in every case), gastric flatulence, acidity, nausea and vomiting, pyrosis; palpitation, cardiac oppression, syncope; dyspnoea, cough; intercostal neuralgia, inframammary pain (very frequent); motor disorder (spasm or paralysis). 3. Lumbar irritation: Neuralgia of lower extremities, and sometimes of back and abdomen; uterine, ovarian, and rectal pain; strangury, tonic spasm of muscles in lower extremities, clonic spasms (occasional in every case), paralysis.

Pathology.—The essential pathological condition in this affection Dr. Hammond considers to be anæmia of the cord. The *diagnosis*, after rejecting all cases which fail to present the vertebral tenderness, lies between this affection and the other spinal diseases which, in their earlier stages, may resemble it—chronic myelitis, meningitis, and congestion. An early and correct diagnosis is of the greatest moment as a guide to treatment, the indications for which, in spinal irritation, are quite the reverse of those in the other affections. The *prognosis* is favorable, all cases being alleviated by persistent treatment, and nearly all being ultimately cured.

Treatment.—The indications are four: “1. To remove the cause; 2. To improve the general tone of the system; 3. To increase the amount of blood in the spinal cord, and improve the nutrition of this organ; 4. To set up a counter-irritant action in the vicinity of the disordered region of the cord.” The first indication speaks for itself. The second is met by tonics (as iron, quinine, zinc, cod-liver oil), and especially by alcoholic stimulants. The third by strychnia, phosphorus,

phosphoric acid, opium, heat to the spine, the recumbent posture, and, above all, the direct galvanic current scientifically applied. (The induced current also is of service applied to the affected muscles, where paralysis is present.) Of counter-irritants, blisters and dry cups are to be preferred to antimonial ointment. Wet cups or leeches are inadmissible. (New York Medical Journal.)

SCARLATINA.—Dr. E. M. Snow, Superintendent of Health and City Registrar, Providence, R. I., says: Some English writers contend (and their ideas are repeated in this country) that scarlatina is a highly contagious disease; and we are treated with special and minute directions for the disinfection of rooms where the disease has been present, and are urged to give particular care to the disinfection of the clothing and excreta of scarlatina patients. It would be supposed from the directions given that scarlatina is, if possible, more contagious than small-pox. It seems to me that all such teachings in relation to scarlatina are not only erroneous, but are calculated to do very great harm in the community by exciting unnecessary fears, and making unnecessary and utterly useless trouble. In my opinion scarlatina is not, in any correct sense, a contagious disease; nor is it even infectious in so great a degree as typhoid fever. It is true that our positive knowledge of the causes of scarlatina is very limited. "Less is known in relation to the causes of scarlatina than in relation to those of almost any other disease. Unlike most other epidemics it visits equally the city and the country, and often exhibits its most terrific power where, judging from the known laws of epidemics, it would be least expected. It knows no distinction of classes. It sometimes *seems* to arise from contagion; but again it often appears where contagion is impossible." This was written in 1858. Since that time what I have learned of the causes of the disease has been little more than confirmatory of the sentiments I then expressed.

I think now that it is certain that scarlatina not unfrequently appears when there is no possibility of contagion; that it frequently appears where there is no probability of contagion; and that it very often fails to appear where there is the greatest exposure to contagion, if it exists. In a word, it is certain that all efforts to prevent the disease by seclusion or quarantine have utterly failed. I think we can prove positively that good ventilation, the greatest cleanliness, perfect freedom from all offensive odors, and every convenience and luxury that wealth can procure, have not the slightest influence in preventing the disease. On the contrary, scarlatina in this city, during the last fifteen years, has been fully as severe and fatal among those who live in comfort and affluence as among those who live in poorly-ventilated and filthy tenements. Cleanliness and ventilation are of the utmost importance, and should never be neglected in any sick-room. The comfort and often the life of the patient depend upon them; but they will not prevent the spread of scarlatina. (Mortuary Report for February, 1870.)

SOFT CHANCRE, so called, is stated by Dr. F. F. Maury, in a late lecture at the Philadelphia Hospital, to be fully capable of contaminating the system at large. He cites a case. The true nature of the disease was established by inoculation. A specific eruption followed some weeks after. In Dr. M.'s opinion the soft chancre is not a harmless sore; it *does* give syphilis, and should always be destroyed. Every suspicious sore upon the penis should be cauterized. (Medical and Surgical Reporter.)

TORSION.—At a recent meeting of the Clinical Society, London, Mr. Cooper Foster claimed for torsion precedence over all other modes of arresting hemorrhage, because it possessed the great advantage of not leaving any extraneous body in the wound. In addition to several amputations, he

said he had excised the elbow-joint once, the knee three times, and the hip four times, besides performing other operations (about forty in number), in all of which torsion of arteries was exclusively employed; in no single case at any time under his care had secondary hemorrhage occurred. Since February, 1867, he had never used a ligature to restrain bleeding from an artery. His practice is to seize from one eighth to a quarter of an inch of the artery, and in the case of large vessels to twist it four or five times. Small arteries were usually more difficult to deal with than large, because the surrounding tissues were sometimes included in the grasp of the forceps. Mr. Bryant said he had now used the plan for two years, and was most perfectly satisfied with it. He had used it for the femoral five or six times, for the brachial twice, and it was quite surprising how well the wounds united. Mr. Poland had used it for the femoral six or seven times, for the brachial twice, for the tibial frequently, and entertained the same opinion as he did of its value. On one point information was still wanted—that was, whether the twist should be partial or if the external coat should be twisted off. Professor Humphry held the latter view, which he thought was wrong. It was important that the middle coat should have support, and want of the external coat lessened this. Experiments after death confirmed this view. The mode of twisting did not much matter. It was best to go on till the parts felt loose. Sometimes it was necessary to turn the forceps five or six times. Mr. Durham employed torsion in all available instances—on the femoral four times, on the brachial twice. One great difficulty in its application arose from retraction of the smaller vessels. In one case, to save time, he had used ligatures. In the case of the larger arteries he used forceps with expanded extremities, which were still made with a groove in the center, although useless. He had perfect confidence in the method. Mr. J. D. Hill had used torsion for one femoral and two brachial arteries. There was no

secondary hemorrhage. He twisted off the ends. Mr. Gascoyen said pyæmia was not lessened by torsion, nor was healing more rapid. One objection to torsion consisted in the long exposure necessary. Mr. C. Moore preferred acupressure. Mr. De Morgan preferred cutting the ligature close off. Mr. Croft had used torsion in small vessels, not in large ones. Mr. Callender said that after all we had to look to results rather than processes, to the healing of the stumps and the subsequent results. Mr. Paget said one reason why it had not been used recently at St. Bartholomew's was that it had previously been so often given up. Twenty years ago a surgeon told him that for fourteen years nothing else had been employed in Hamburg, yet it had been given up as being more tedious and less safe than the ligature. The test was the greatest final security and final success. The method might be tested by the largest number of wounds healed by the first intention. (London Medical Times and Gazette.)

IODOFORM—Prurigo.—The same authority recommends iodoform in skin diseases accompanied by intense pruritus. Its odor is much more agreeable than that of chloroform, resembling that of saffron. It is said to possess all the advantages of iodine, of which it contains ninety per cent., without any of its inconveniences. It exercises upon the sphincters a local anæsthetic effect so powerful that defecation is sometimes performed unconsciously after its use; it therefore forms an admirable suppository in cases of tenesmus, hemorrhoids, etc. Moûtre's formula is: iodoform, powdered, twenty grains; cocoa butter, one ounce: melt and mix for six suppositories. For frictions the ointment is used in the strength of one drachm to the ounce of simple ointment. (*Ibid.*)

LACTIC ACID IN CROUP.—Adolph Weber, Vienna, treats croup by applying lactic acid to the windpipe by means of

inhalation. A solution of the acid (fifteen to twenty drops in half an ounce of water) to be inhaled at first every half-hour, and afterward, when the respiration improves, every hour or two hours a solution of ten to fifteen drops in half an ounce of water. The inhalation is discontinued as soon as the dyspnea has subsided. Care must be taken that the vapor does not affect the eyes or face. The internal exhibition of carbonate of soda every half-hour or every hour, conjointly with the lactic acid, was thought to exert a beneficial effect upon the exudation. In some very severe cases in which inspiration and expiration were equally obstructed, and the condition of the fauces indicated an abundant fibrinous exudation in the trachea, the difficulty of breathing was completely relieved within seven to ten hours of using this remedy, and two or three days after no trace of the local affection remained. (*Ibid.*)

CHLORAL HYDRATE IN CHOREA.—Dr. James Russell reports a case of chorea occurring during pregnancy successfully treated by the chloral hydrate. (*Ibid.*)

INFLUENZA—Usually begins quite suddenly, with pain in the throat and ears, followed by shivering, *malaise*, constriction of the chest, sneezing, and utter prostration. The temperature goes up to one hundred and two degrees the first night, and there is some tendency to light-headedness. Bed, lemonade, and beef-tea, with an aperient pill and ammonia draught, the first day, next morning a five-grain dose of quinine, and half a pint of champagne at night, form the best treatment. (*Ibid.*)

[Omit wine and repeat quinine, and the practice would be more efficient for this region.—D. W. V.]

TREATMENT OF PNEUMONIA.—Dr. J. T. Wilson, Weston, Missouri, says: If called to a robust and plethoric patient

suffering with dyspnœa and severe pain in the first stage of pneumonia, he bleeds until he impresses the pulse and lessens the dyspnœa. When any constitutional or epidemic influence forbids venesection, he substitutes hydragogue cathartics. After bleeding he trusts to tartar-emetic, in small doses, frequently repeated. If the pulse be very frequent, and the dyspnœa considerable, he adds to the tartar veratrum viride. He secures quiet and relieves pain by morphia hypodermically and warm fomentations. Torpor of the liver he corrects by calomel and ipecac, or calomel and podophyllin, given to slight ptyalism. He thinks opium in some form almost indispensable, in all stages of the disease, to relieve pain and cough, and get sleep. When resolution begins he has great faith in muriate of ammonia as an expectorant and alterative, and thinks well of sulphuric acid as a tonic, adding to it tincture digitalis, if the pulse be very frequent. In hepaticization, accompanied by rebellious pain and dyspnœa, he employs blisters of a size sufficient to cover the entire portion solidified. As stimulants he uses carbonate of ammonia, alcohol, and bark; and when there is suspicion of miasmatic trouble he gives quinine liberally. (Leavenworth Med. Her.)

[Venesection, emetic-tartar, hydragogue cathartics, mercury as mercury, and blisters would soon create a need for bark, carbonate of ammonia, alcohol, sulphuric acid, and quinine, in most of the pneumonias that are seen in this latitude.—D. W. Y.]

ANTIDOTE FOR PRUSSIC ACID.—The action of atropine and prussic acid on the pneumogastric nerve is said by M. Preyer to be exactly antagonistic, whereupon he suggests the salt as an antidote to the acid. (Dobell's Reports.)

IODINE IN AGUE.—Prof. V. Willebrand, of Helsingfors, strongly recommends small doses of the tincture of iodine as a substitute for quinine in ague. He dissolves six grains of

iodine and twelve grains of iodide of potassium in a drachm of distilled water, and gives as average doses five minims of this solution in a liqueur-glassful of water every two hours. He has recorded seventeen cases of intermittent fever in which this treatment proved rapidly successful; and is inclined to think that iodine is superior to quinine in so far as it appears to have the tendency of preventing relapses, which is generally not the case with quinine. (*Ibid.*)

IODINE IN VOMITING.—Dr. Caspari, of Horn, has for the last twenty-five years successfully prescribed the tincture of iodine in cases of obstinate vomiting, where nothing else relieved the patient. (*Ibid.*)

CHLORAL.—The four formulae here given are those used by Dr. Liebreich for the internal administration of this new wonder. 1. Chloral hydrate, thirty-seven grains; distilled water and mucilage of gum arabic, each half an ounce. Make a draught. (The sleeping-draught.) 2. Chloral hydrate, one to two drachms; distilled water and syrup of orange-peel, each half an ounce. (In delirium tremens.) 3. Chloral hydrate, seventy-five grains; distilled water, three drachms. A tea-spoonful to be taken in a glass of wine, beer, or lemonade. (Hypnotic.) 4. Chloral hydrate, thirty grains; distilled water, four and one half ounces; syrup of orange-peel and mucilage of gum arabic, each half an ounce. A table-spoonful to be taken every hour. (Sedative.) (*Ibid.*)

FISTULA AND TUBERCULOSIS.—Henry Smith, F. R. C. S., says: "With regard to the relationship between fistula in ano and tuberculosis my experience has not yet enabled me to arrive at any very definite conclusion. As a general rule, fistula should not be interfered with by operation when a patient is suffering from tubercular disease of the lungs; for there appears good reason to believe that in one way or

another the irritation of and drain from the fistula acts as a counterpoise to the mischief in the lungs, and prevents the rapid development of tuberculosis in those organs. But to this rule there are exceptions, as when a patient is suffering only slightly from symptoms of tuberculosis, and has fistula in such severe form that the discharge is so abundant as to materially weaken the system and further the development of tubercle in the lungs. The patient in such case is so annoyed by his local complaint that he refers his sufferings mostly to this cause. Here an operation should undoubtedly be performed. If the wound should heal up after the operation, and the discharge from the fistula entirely cease, a slight discharge from some other part of the body may be set up by the insertion of a seton, either in the arm or in the chest below the clavicle. I have myself witnessed the good effects of this plan, and would certainly strongly recommend it." (*Ibid.*)

ETHERIZED COD-LIVER OIL has been found by Dr. Balthazar W. Foster, of Birmingham, to be most useful in all chronic wasting diseases. He has given it with great benefit in many cases of prolonged suppuration. It is more palatable than ordinary oil, and seldom produces that nausea and sickness that so often follow the use of unmixed cod-liver oil. (*Ibid.*)

CHOLERA.—Its pathognomonic sign, according to Dr. de Wouves, is albuminuria. He attacks the contagionists, as he believes, with their own weapons. His cure is saline purgation. (*Ibid.*)

SULPHO-CARBOLATES.—Dr. Sansom contributes an article to Dr. Dobell's Reports on these salts, from which we condense the following: I have administered to adults as much as one hundred and twenty grains of the double salt per diem, with the production of no ill effect whatever. My opportu-

nities have permitted me to test its action in a large number of cases of phthisis which presented the earliest signs of tubercularization, and I have observed indications which seem to me to show that signal benefit has resulted from the treatment.

Ulcerated Throat.—All the cases treated with the sulpho-carbolates made a most rapid recovery. A gentleman suffering from ulcerative tonsilitis was treated with half-drachm doses of sulpho-carbolate of sodium; recovery in four days. A boy, ulceration of left tonsil, treated with the sulpho-carbolate; well in four days. Two other cases thus treated were not observed till seven days afterward: they were then quite well.

Diphtheria.—A girl, aged seven, presented a large ashy slough over tonsil, with tumefaction of superficial glands and high fever. Ten grains of sulpho-carbolate of sodium were administered at intervals of four hours. Three days after slough had separated; there was no spreading. Pulse one hundred and sixty; temperature one hundred and six degrees. Two days afterward mucous membrane appeared perfectly healthy.

Scarlatina.—Have administered sulpho-carbolate of sodium in thirteen severe cases; all made rapid recoveries. A boy, aged ten, was apparently *in extremis*. Rash had subsided; epileptiform convulsions; tumidity about neck; trickling of dirty mucus from nose. Thermometer registered one hundred and five degrees. Ten grains sulpho-carbolate sodium were given every two hours. Following day great general improvement; rash profuse; temperature one hundred and three and six one hundredth degrees; throat signs still severe. Third day all signs improved; temperature one hundred and two and eight one hundredth degrees. Fourth day all throat trouble ceased. The ulceration and tumefaction of throat completely subsided in one case on the third day, in two on the fourth. The period until complete convalescence was in two cases seven days; in one case eight, in another ten, in

another fourteen days. The febrile state was much more rapidly reduced, the throat signs disappeared far more quickly than I have usually seen, while the strength was greatly upheld, and the duration of the fever considerably shortened. I have employed the sulpho-carbolate of iron as a tonic in several cases, but have no evidence that it is superior to the other salts of iron. The sulpho-carbolate of calcium has a property strikingly different from that of the lime salts in general, and it is probable that this may be turned to good account. It is freely soluble, even in its own bulk of water. I have administered it in cases of infantile wasting, especially in the tuberculous diathesis. It has seemed in several cases to act very beneficially. (*Ibid.*)

PANCREATIC EMULSION.—Dr. Brandt has given this substance in seven cases of consumption with marked benefit, one tea-spoonful twice a day, in milk, two hours after meals. It is easily digested, and when taken immediately after food facilitates the digestion of the meal after which it is taken. Patients can take it better than cod-liver oil; some can take it when cod-liver oil is not tolerated. In one case nausea was produced. "I prefer giving it in wine and water immediately after meals in dyspeptic patients. I have found it very serviceable, especially in cases where the digestion of fatty matters, pure and simple, did not take place satisfactorily." Dr. B. has chiefly employed it in cases of affections of bones and joints, in patients of a presumably tubercular disposition; never found it disagree; has no recollection of patients disliking it, as they so often do cod-liver oil; in fact, children take it as kindly as they do cream, which in aspect it much resembles; has a very high estimation of the benefit it produces in all cases of wasting diseases, where its facility of assimilation is very striking, even where milk with lime-water has failed to answer. (*Ibid.*)

Notes and Queries.

THE HYPODERMIC USE OF MERCURY IN SYPHILIS.—Prof. Bartholow sends the following, which we insert with pleasure:

"*Eds. Am. Pract.*: Your reviewer (L. P. Y., Jr.) of my work, 'Manual of Hypodermic Medication,' has quoted me in a way to give an erroneous impression of my statements in regard to the hypodermic use of mercury in syphilis. As this is an important question of practical therapeutics, it may be worth while to set myself right before the readers of your journal. After giving an account of the physiological action of mercury when administered hypodermically, I make the following remarks (p. 136):

"'I have used it with great advantage in the tertiary, but have not had the opportunity to give it sufficiently numerous and prolonged trials to enable me to pronounce as to its utility in primary and secondary syphilis. I therefore avail myself of the very full reports and statistical evidence published by George Lewin, of Berlin, and M. Liégeois, of Paris.'

"After presenting the results of this treatment in the hands of Lewin and Liégeois—results so remarkable that the superiority of this method over all other methods of administering mercury against syphilis seems to me to be conclusively established—I then remark, in conclusion, as follows:

"'I have purposely avoided all controverted questions in regard to the use of mercury in syphilis, simply stating the results which have been achieved by the hypodermic method. It is obvious that in all cases in which it is desirable to use mercury the subcutaneous is the proper method for administering it.'

"Such was the conclusion to which I was conducted after a thorough examination of the very striking results obtained

by others. My critic (L. P. Y., Jr.) thinks differently. He remarks :

"From what we have seen of this treatment, and from what we have read of it, we do not hesitate to pronounce it the most dangerous of all the modes of administering this potent and excellent syphilitic remedy."

"Mere opinions are of little value in a question like this. Let us bring to the settlement of it some of the facts which are available for this purpose. Beside the danger, L. P. Y., Jr., arraigns this method for producing 'salivation and abscess.' The frequency of these accidents will depend upon the strength of the solution employed. Thus, Lewin had fifty-one cases of mercurial stomatitis in one hundred and fifty-four treated by this method, and he produced abscess in the proportion of two to three for one hundred injections. On the other hand, Liégeois had but two cases of abscess and but four cases of mercurial stomatitis in one hundred and ninety-six subjects. But Lewin used the one tenth of a grain, and Liégeois the one thirty-second of a grain of corrosive sublimate. If the injections used have no greater strength than that of Liégeois the accidents so much feared by L. P. Y., Jr., will rarely happen. I beg to inquire of L. P. Y., Jr., if serious derangement of the primary assimilation, rapid tissue waste, and salivation are not ordinary and usual results of the use of mercury by the stomach against syphilis ?

"Since the article on 'mercury' in my book was written I have had some additional experience in the hypodermic treatment of syphilis. I now submit all cases requiring the mercurial treatment to this method. I employ the solution recommended in my work. The results may be expressed as follows: the patients prefer the hypodermic to the other methods of using mercury; it saves the digestive organs, and does not impair but promotes nutrition; it cures more frequently; relapses are much less common; I have not had a single abscess in several hundred injections; some induration

occurs at the site of puncture, but this slowly disappears without accident. Slight salivation has occurred in three cases, but so slight as to occasion little inconvenience. As this result is not necessary to the curative effect, it may be avoided by lengthening the period between the injections. I inject one thirty-second of a grain on alternate days.

"Your reviewer, L. P. Y., Jr., also remarks: 'mercury is more safely, more agreeably, and quite as efficaciously employed otherwise.' I take issue with him on all these points. If he employ the weak solution I recommend, he will find it quite as safe, and more agreeable to his patients than inunction or the stomach administration. It is true the great Vienna syphilographer prefers the inunction method, because his practice is committed to it; but our American *clientèle* do not consider it agreeable. It is in regard, however, to the last phrase—'quite as efficaciously'—that I more particularly take issue with your reviewer. Let us look at the statistics in order to settle this point. Lewin treated three hundred and fifty-six patients by this method; the relapses were eighty-nine, or twenty-five in one hundred. The relapses by other methods are eighty-one in one hundred, or more than three times more numerous. Liégeois treated one hundred and ninety-six cases of constitutional syphilis, and of these one hundred and twenty-seven were cured and sixty-nine ameliorated. The number of relapses in those 'cured' were twelve, or only nine and forty-five one hundredths in one hundred. If these statistics be true—and there is no reason for doubting their correctness—is my statement so very 'startling'—that 'in all cases in which it is desirable to use mercury the subcutaneous is the proper method for administering it?'"

EXTRACT OF ERGOT IN INTESTINAL HEMORRHAGE.—Dr. James Ely, Milton, Ky., sends the following. A patient on the fourteenth day of typhoid fever passed nearly a chamber-

potful of almost pure blood, and went at once into profound collapse. I gave the following every hour:

R—Whisky, fzss; Fluid Extr. Ergot, fzj; Arom. Sulph. Acid, m. xx; Carbolic Acid, m. ij; Gallic Acid, gr. vj. M.

Some blood was lost after the first two doses, but the patient made a good recovery. Four other cases in which hemorrhage came on about the same period of the disease were treated in the same way. Three recovered. The fourth died of perforation of the bowel.

Ice-bags applied to the abdomen relieved the tympanitis which occurred in the above cases.

Tincture of digitalis strengthened and steadied the pulse and controlled the mania, while the carbolic acid corrected the fetor of the gas which passed from the bowels, and I believe relieved the nausea. In hematuria, followed by *purpura hemorrhagica*, in a man convalescent from typhoid fever, the ergot and digitalis were equally efficient. I am an advocate of the ice-bag to the abdomen, and sponging the entire surface with ice-water, to which a small quantity of carbolic acid has been added, in the stage of high febrile excitement of typhoid fever.

SMART-WEED IN AMENORRHEA.—Dr. A. G. Craig, Ghent, Ky., speaks in very high terms of the *polygonum punctatum*, or common water-pepper, in the treatment of amenorrhea. In a letter on the subject he says: "During my term of service as resident physician of the Commercial Hospital in Cincinnati my opportunities for testing the virtues of this plant in the treatment of amenorrhea were considerable. I have administered it where other remedies proved useless, and though in some cases it too has failed, yet it has seldom disappointed me after a fair trial, and in most cases of amenorrhea in which I have used it it has promptly restored the catamenia. My treatment is as follows: I first prescribe such constitutional remedies as may be indicated. About two weeks

previous to the regular period for the menstrual effort I order tea-spoonful doses of the saturated tincture of the plant four times daily, and continue its use until the regular catamenial period has passed. I prescribe in conjunction purges, hot hip-baths, and other adjuvants. Dr. Eberle gave his patients from four to six grains of the extract, or a fluid drachm of the saturated tincture, three times a day. He seldom found it necessary to continue the remedy longer than a week. Prof. Wright, of Cincinnati, prefers the saturated tincture."

SUSPENSORY BANDAGE.—"A non-professional" friend, who writes that he uses a suspensory bandage, says that he was unable to make one after the method described on page 180 American Practitioner for March. We give now the wood-cut which accompanied Mr. Morgan's excellent paper in the Dublin Quarterly, a reference to which we hope will simplify the subject sufficiently to enable our friend to make the necessary sac.



EXCISION OF SUPERIOR MAXILLARY NERVE FOR FACIAL NEURALGIA.—Dr. John G. Davis writes from New York that Prof. James R. Wood did this operation in January at Bellevue Hospital on a man who had been the subject of facial neuralgia for five years. The patient has continued well. Prof. Wood performed the same operation six months ago with most encouraging success, the patient being entirely relieved.

CHLORODYNE.—In answer to Dr. J. T. Scearce, Danville, Ind., who asks concerning the composition of chlorodyne, we append the original formula for this agent, as given by Collis Brown, of London:

R—Chloroform, f $\frac{3}{4}$ ij; Tinct. Capsicum, f $\frac{3}{4}$ jss; Oil Peppermint, gtt. xvj; Muriate of Morphia, gr. xl; Prussic Acid (eight per cent.), f $\frac{3}{4}$ ij; Ether (fortior), f $\frac{3}{4}$ ss; Molasses (New Orleans, dark), f $\frac{3}{4}$ ijss; Muc. Acacia, f $\frac{3}{4}$ ij.

A modification of this, as suggested by Dr. J. Lawrence Smith, and prepared at the Louisville Chemical Works, and extensively used by the physicians of Louisville, rejects the molasses and muc. acacia, which are immediately precipitated from the compound, and only increase the bulk of the material without adding to its efficiency. Prof. S. also rejects the ether, increases the proportions of morphia and chloroform, and adds cannabis indicus. The following is his formula:

R—Chloroform, f $\frac{3}{4}$ vj; Tinct. Capsicum, f $\frac{3}{4}$ vj; Tinct. Cannabis Indicus, f $\frac{3}{4}$ jss; Oil Peppermint, gtt. xxxvj; Muriate of Morphia, gr. ix; Prussic Acid (Scheel's), f $\frac{3}{4}$ j. M.

CARTHAGE, INDIANA.

I desire to ask among the "Notes and Queries" of the American Practitioner the following questions: 1. Will sulph. quinine *originate* contractions in the gravid uterus? 2. Will it *intensify* contractions already existing?

W. HOBBS.

The author of the above note, whom we recognize as one of the most industrious and able physicians in Indiana, asks two questions which have been mooted before, and to which no final answers have been given: they are questions for clinical observation to decide, and any facts that he or any other of our readers may have bearing upon the decision, we would be glad to have communicated to the American Practitioner.

Doubtless he is aware that some nine or ten years ago Dr. John Lewis, of Knightstown, Ind., published a paper advising

the use of ten-grain doses of quinine in the treatment of *tedious* labor; and prior to this some others had alleged that quinine administered to pregnant women frequently produced abortion. When we remember that quinine is eliminated with the renal secretion, there seems a probability that some action upon the uterus might be induced through the irritation of large doses upon the urinary tract. We have no doubt too, from several observations, that quinine, administered in five-grain doses every three hours until cinchonism is induced, does have a very decided influence in controlling atonic menorrhagia. But how? Most probably by its action on the paralyzed vaso-motor nerves, thus determining contraction of the distended vessels. This established, we could easily make an *a priori* argument in favor of an affirmative answer to the questions. Nevertheless, any action of quinine upon the gravid uterus, either in originating or intensifying contraction, can not yet be said to be established as a certain fact, many practitioners denying it altogether.

We can not perhaps do better than to give the following extract from Bouchardet, *Manuel de Matière Médicale*: "Many have thought that the sulphate of quinine, in a large dose, would produce abortion; but very numerous observations have proved that this salt can not in any degree excite uterine contractions."

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* Any of these works may be procured by application to Messrs. John P. Morton and Company, Louisville, Ky.